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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/736,661	12/14/2000	Arturo A. Rodriguez	A-6280	8279
7	7590 07/11/2003			
Scientific-Atlanta Inc			EXAMINER	
5030 Sugarloa			AN, SHAWN S	
Lawrenceville, GA 30044			ART UNIT	PAPER NUMBER
			2613	16
			DATE MAILED: 07/11/2003	λ 🗸

Please find below and/or attached an Office communication concerning this application or proceeding.



Application No. 09/736,661

Applicant(s)

Rodriguez et al.

Interview Summary Examiner

Shawn An

2613

All participants (applicant, applicant's representative, PTO personnel):				
(1) Shawn An				
(2) Sami Malas				
Date of Interview	_			
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant	2) applicant's representative]			
Exhibit shown or demonstration conducted: d) Yes	e) 🖾 No. If yes, brief description:			
Claim(s) discussed: 1, 26, 29, and 40				
Identification of prior art discussed: Kalra et al (5,953,506)				
Agreement with respect to the claims f) was reached Substance of Interview including description of the general any other comments:	I. g) was not reached. h) N/A. I nature of what was agreed to if an agreement was reached, or			
We've discussed the Applicant's claimed invention reciting received by the decoding device.". The Examiner needs me patentability of the recited clamed limitation. If, however,	g " including foregoing decoding of portions of the video input ore time to review Kalra et al's reference to further define Examiner determines the claimed limitation overcoming the cited			
	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is			
i) 🛛 It is not necessary for applicant to provide a sepa	rate record of the substance of the interview (if box is checked).			
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FRO	PAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE rd of Interview requirements on reverse side or on attached			

Examiner's signature, if required